

AGREEMENT TO REDEEM LIABILITY
Michigan Department of Consumer & Industry Services
Bureau of Workers' & Unemployment Compensation/Board of Magistrates
P O Box 30016, Lansing, MI 48909

Plaintiff Name	Social Security Number	Address
Employer		Carrier

The above parties represent as follows:

_____ was an employee of _____

and on or about _____

the employee received an injury arising out of and in the course of his/her employment and that six (6) months has elapsed since the date of injury and that:

(In the above space state fully the following facts: total amount of compensation paid to date, the present disability of the employee, and the reasons for desiring a redemption of liability.)

WHEREFORE, it is agreed to by and between the parties that the Bureau may enter an order in this cause provided that the sum of

_____ shall be forthwith paid by the employer/carrier to _____
and that upon such payment the liability of the employer/carrier for the payment of compensation for said injury shall be redeemed in accordance with Sections 418.835, 418.836 and R 408.39 of the Workers' Disability Compensation Act.

Dated:

Employee or dependent(s)

Attorneys for employee or dependent(s)

Employer (if self-insured) or Insurance Company

Attorneys for Employer (if self-insured) or Insurance Company